

# **EXHIBIT D**

<b>ACORD™ GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM</b>										DATE 04/15/20	
PRODUCER J Smith Lanier & Co Atlanta 11330 Lakefield Drive Suite 100 Johns Creek, GA 30097-1508				PHONE (A/C, No, Ext): 770 476-1770		NOTICE OF OCCURRENCE NOTICE OF CLAIM		DATE OF OCCURRENCE AND TIME 07/01/14		DATE OF CLAIM AM PM	
				EFFECTIVE DATE 07/01/14		EXPIRATION DATE 07/01/15		POLICY TYPE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE		RETROACTIVE DATE	
				COMPANY Westfield Insurance Comp		NAIC CODE: 24112		MISCELLANEOUS INFO (Site & location code)			
CODE:				SUB CODE:		POLICY NUMBER CMM1589263				REFERENCE NUMBER TBD / Bio	
AGENCY CUSTOMER ID: 165578											
<b>INSURED</b>						<b>CONTACT</b>		<input checked="" type="checkbox"/> CONTACT INSURED			
NAME AND ADDRESS Pepsi MidAmerica PO Box 1070 2605 West Main Street Marion, IL 62959				SOC SEC # OR FEIN:		NAME AND ADDRESS Kevin Davis KDavis@pepsimidamerica.com				WHERE TO CONTACT	
RESIDENCE PHONE (A/C, No) 618 998-3238				BUSINESS PHONE (A/C, No, Ext)		RESIDENCE PHONE (A/C, No) 618 998-3211				BUSINESS PHONE (A/C, No, Ext) 618 998-3211	
										WHEN TO CONTACT 9-5	
<b>OCCURRENCE</b>											
LOCATION OF OCCURRENCE (Include city & state) 2605 West Main Street Marion, IL 62959								AUTHORITY CONTACTED			
DESCRIPTION OF OCCURRENCE (Use separate sheet, if necessary) Hall, Charles (Claimant): Class action suit regarding Biometric Data.											
<b>POLICY INFORMATION</b>											
COVERAGE PART OR FORMS (Insert form #s and edition dates) Coverage: Employee Benefits Liability Limit 1: 1,000,000 Ded 1: 1,000 Limit 2: 2,000,000											
GENERAL AGGREGATE 2,000,000		PROD/COMP OP AGG 2,000,000		PERS & ADV INJ 1,000,000		EACH OCCURRENCE 1,000,000		FIRE DAMAGE 500,000		MEDICAL EXPENSE 5,000	
										DEDUCTIBLE 1,000	
										<input checked="" type="checkbox"/> PD <input checked="" type="checkbox"/> BI	
UMBRELLA/EXCESS		UMBRELLA		EXCESS		CARRIER:		LIMITS:		AGGR PER CLAIM/OCC SIR/DED	
<b>TYPE OF LIABILITY</b>											
PREMISES: INSURED IS		OWNER		TENANT		OTHER:		TYPE OF PREMISES			
OWNER'S NAME & ADDRESS (If not insured)								OWNERS PHONE (A/C, No, Ext):			
PRODUCTS: INSURED IS		MANUFACTURER		VENDOR		OTHER:		TYPE OF PRODUCT			
MANUFACTURER'S NAME & ADDRESS (If not insured)								MANUFACT PHONE (A/C, No, Ext):			
WHERE CAN PRODUCT BE SEEN?											
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)											
<b>INJURED/PROPERTY DAMAGED</b>											
NAME & ADDRESS (Injured/Owner) Charles Hall								PHONE (A/C, No, Ext)			
AGE		SEX		OCCUPATION		EMPLOYER'S NAME & ADDRESS		PHONE (A/C, No, Ext)			
DESCRIBE INJURY <input type="checkbox"/> FATALITY						WHERE TAKEN		WHAT WAS INJURED DOING?			
DESCRIBE PROPERTY (Type, model, etc)				ESTIMATE AMOUNT		WHERE CAN PROPERTY BE SEEN?				WHEN CAN PROPERTY BE SEEN?	
<b>WITNESSES</b>											
NAME & ADDRESS						BUSINESS PHONE (A/C, No, Ext)			RESIDENCE PHONE (A/C, No)		
REMARKS											
REPORTED BY Kevin		REPORTED TO Justin Scott		SIGNATURE OF INSURED				SIGNATURE OF PRODUCER			

**Applicable in Arizona**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania and Virginia**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In D.C., ME, LA, and VA, insurance benefits may also be denied.

**Applicable in California**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Applicable in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in Florida and Idaho**

Any person who Knowingly and with the intent to injure, Defraud, or Deceive any Insurance Company Files a Statement of Claim Containing any False, Incomplete or Misleading information is Guilty of a Felony.\*

\* In Florida - Third Degree Felony

**Applicable in Hawaii**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment , or both.

**Applicable in Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Applicable in Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in Nevada**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**Applicable in New Hampshire**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**Applicable in Ohio**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Applicable in Oklahoma**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.